

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10743576

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
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19	/	/				
20	/	/				
21	/	/				
22	/	2				
23	/	2				
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42	/	/				
43	/	/				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	42					
TOTAL CLAIMS	45					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						